

RESTORE KIDS WAIVER AND CONTACT INFORMATION

Child's Information

1. Child's name _____ Age _____ Birthdate ____/____/____
Name of School _____ Grade _____

2. Child's name _____ Age _____ Birthdate ____/____/____
Name of School _____ Grade _____

3. Child's name _____ Age _____ Birthdate ____/____/____
Name of School _____ Grade _____

4. Child's name _____ Age _____ Birthdate ____/____/____
Name of School _____ Grade _____

5. Child's name _____ Age _____ Birthdate ____/____/____
Name of School _____ Grade _____

Parent and Family Information

Parent(s) Name(s) _____ phone number _____

Address _____

Parent Email(s) _____

Emergency Contact Name _____ phone number _____

For Children in Nursery Care:

Can your child receive snacks YES / NO

Do you feel comfortable with staff changing diapers as needed or would you prefer to be contacted to change your child's diaper? _____

Medical information:

Does your child have any medical conditions? _____

Does your child have any allergies? _____

Any special notes regarding your child? _____



I, the undersigned, are the parent(s) of the above mentioned child/children and agree in taking advantage of Restore Kids and its subsequent ministries, and I release and hold harmless Restore Church from any and all claims, demands, suits, cost and charges in connection with or arising out of the child services, including, but not limited to, bodily harm or injury to my child, except only for loss, harms or injury occasioned by gross negligence or intentional misconduct by Restore Church. I hereby grant permission for Restore Church and its volunteers full authority to take whatever actions they deem necessary regarding my child's health and safety in the event that I cannot be reached or in a situation where time is of the essence; and fully release Restore Church and its volunteers from any liability in connection with those decisions. I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff if needed. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible.

I HAVE READ AND UNDERSTAND THE CONSENT AND WAIVER FORM AND SIGN IT VOLUNTARILY AND ENTIRELY OF MY OWN FREE WILL.

Signature of Responsible Person(s) _____ Date ____/____/____

Relationship to Child _____

